

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39965

State File No. 4952

FILED JAN 11 1943
149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4230 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 23 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4230 Woodland
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS. MARY ELIZABETH SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
year 1942 hour 8: minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1
1942 to Dec 31, 1942
that I last saw h..... alive on Dec 31, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Samuel F. Smith

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 3, 1852
(Month) (Day) (Year)

Immediate cause of death.....
Myocardial Infarction

Duration.....

Due to.....

Due to Senility 92B

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day,
90 2 28 hr. min.

9. Birthplace Spurlington Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name John Wright

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mattilda Newton

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Smith

(b) Address 4230 Woodland

17. (a) Burial (b) Date thereof 1/2/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brendawn Cemetery
Murk, Ohio Co

18. (a) Signature of funeral director M. M. Crowe

(b) Address 20 West Linwood

19. (a) 12-31-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Carey Jackson (M. D. or other)
Address 1103 E. Emma Date signed 1-2-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Charles M. Durrk

Licensed Embalmer No. 3774

P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.